



Epinephrine Policy

Saint Albert Catholic Schools will implement a protocol to respond to life threatening allergic reactions (anaphylaxis). The school may provide and maintain the equipment and medication necessary to apply the protocol in our school building in the case of any student and/or school staff emergency, both while school is in session and during any school-sponsored extracurricular activities, kidz kare, and SKJCCC during the hours of 6:00am-6:00pm.

The school nurse or other trained and authorized personnel may administer an epinephrine auto-injector from the school's supply to a student or other individual if they reasonably and in good faith believe the student or individual is having an anaphylactic reaction. Individuals authorized to administer the Epinephrine auto-injector will complete and be current in the appropriate medication training, be signed off by the school nurse, and will also submit a signed statement agreeing to administer a stock-epinephrine auto-injector to an individual who they believe to be experiencing an anaphylactic reaction.

The epinephrine auto-injectors will be available to any individual, either with a known allergy and history of anaphylaxis, or experiencing a first-time anaphylaxis emergency.

The school will obtain and keep on file a prescription and standing order for any dose of epinephrine auto-injectors that are kept on stock at the school from a licensed health care professional. These prescriptions shall be updated as needed.

The epinephrine auto-injectors will be stored in a secure, accessible area for an emergency within the school building. The medication will be checked monthly to ensure stability and effectiveness.

If a stock epinephrine auto-injector is utilized, the administration will be documented and reported to the state using the Iowa Department of Education's "Report of Stock Epinephrine Administration" form.



Anaphylaxis Emergency Treatment Protocol

Anaphylaxis is a medical emergency that requires immediate medical attention and can be fatal if not treated. Some students and/or staff are at an increased risk for anaphylaxis because of known allergens and/or asthma, and some individuals with unknown allergies may experience their first anaphylactic reaction while at school. Symptoms generally appear quickly and progress rapidly.

A person having an anaphylactic reaction might have **ANY** of the following signs and symptoms:

LUNGS: shortness of breath, wheezing, repetitive cough

HEART: pale, blue, faint, weak pulse, dizzy

THROAT: tight, hoarse, trouble breathing, trouble swallowing

MOUTH: significant swelling of the tongue and/or lips

SKIN: many hives over body, widespread redness

GUT: repetitive vomiting, severe diarrhea

OTHER: feeling of "impending doom," anxiety, confusion

*Early recognition of symptoms and immediate treatment can save a life!

*Act quickly! The first signs of a reaction can be mild, but symptoms can get worse very quickly.

Epinephrine auto-injector dose:

0.15 MG Intramuscular if less than 55 pounds (Typically ages 3-6)

0.3 MG Intramuscular if greater than 55 pounds (Typically ages 7-adult)

Inject Epinephrine Immediately!!

- Hold in place for **10 seconds**
- Massage injection site for **10 seconds**
- Elevate feet
- **Call 911**, individual **MUST** be transported
- Contact parent/guardian
- **DO NOT LEAVE INDIVIDUAL ALONE**
- May repeat epinephrine injection in 5 minutes if no relief is seen from the first injection. **Inject second dose into opposite leg.** (If symptoms improve within 5 minutes, but then return and/or worsen before EMS arrives, administer the second dose in the other leg).

An epinephrine injection is the treatment for anaphylaxis. Each individual with a known history of anaphylaxis or any severe allergies should have a child specific emergency action plan on file and their own auto-injector of epinephrine at school. For these individuals with known allergies, follow their personalized emergency action plan.

For any individual with **no known allergies** or no emergency allergy action plan:

- Rapidly assess airway, breathing and circulation (ABC's) and begin CPR as necessary.
- Send someone to **call 911 immediately** and contact school nurse.
- Do NOT leave the individual alone.
- **INJECT EPINEPHRINE IMMEDIATELY.**
- Lay the person flat, elevate legs and keep warm.
- If symptoms do not improve, or symptoms return, an additional dose of epinephrine can be given 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport individual to the Emergency Room, even if symptoms resolve.
- Send used Epinephrine auto-injector with emergency personnel.

Report of Stock Epinephrine Administration

Please email or mail form to: Iowa Department of Education School Nurse Consultant

Email: mfissa.walker@iowa.gov

Mail: School Nurse Consultant, 400 East 14th Street, Des Moines, Iowa 50319-0146

1. School District: _____ Name of School: _____
2. Age: _____ Type of Person: Student Staff Visitor Gender: M F
3. Diagnosis/history of asthma: Yes No Diagnosis/history of anaphylaxis: Yes No
4. Date/Time of occurrence: _____ Known allergen(s): _____
5. Trigger that precipitated the allergic episode: _____
6. Symptoms: _____
7. Location of student when symptoms developed: Classroom Cafeteria Health Office Playground
Other - specify: _____
8. Location of student when epinephrine administered: Health Office Other -specify _____
9. Location of epinephrine storage: Health Office Other -specify +: _____
10. Epinephrine administered by: School Nurse (RN) Other
If other, please specify _____
Was the person formally trained? Yes No Date of training _____
11. If epinephrine was self-administered by a student at school or a school-sponsored function, did the student follow school protocols and was EMS activated? Yes No NA
12. Approximate time between onset of symptoms and administration of epinephrine: _____ minutes
13. Individual Health or Emergency Plan in place for the student, if there was a diagnosis of anaphylaxis? Yes No
If yes, was the student's healthcare provider notified? Yes No
If yes, was there a prescription for an epinephrine injector available at the school: Yes ___ No ___
If yes, please explain the reason for not administering the student's prescribed medication:

14. Is there a district protocol for management of life-threatening allergies in place? Yes No

Student or Individual Disposition:

15. Transferred to ER: Yes No Biphasic reaction (was a second dose administered): Yes No Unknown
16. Hospitalized: Yes No
17. Student/Staff/Visitor Outcome: _____
18. Did a debriefing meeting occur? Yes No Medication Error Occur: Yes ___ No ___ Medication Incident Occur: Yes ___ No ___
19. Recommendation for changes: Protocol change Policy change Educational change Information sharing None
20. Comments: _____

21. Form completed by: _____ Date: _____
(please print)
22. Title: _____ Phone number: (____) _____ - _____ Ext.: _____
23. School address: _____
24. Email address: _____ Fax number: (____) _____ - _____

**Protocol for Treatment of Symptoms of Anaphylaxis -
Epinephrine Auto-injector Administration by School Health Professionals and Trained
Personnel
For School Age Children – Kindergarten - Grade 12**

ARE SIGNS AND SYMPTOMS OF POSSIBLE ANAPHYLAXIS PRESENT AND WAS THERE AN EXPOSURE TO A POSSIBLE TRIGGER? (food, insect sting, latex, medication or other trigger). Contact the school nurse immediately.

If YES, proceed with this protocol. **If NO, see Signs, Symptoms & Triggers section on reverse.**

If the student has an **Emergency Care Plan**, follow the plan immediately.

<p><u>Are any of these signs and symptoms present and severe?</u></p> <p>LUNG: Short of breath, wheeze, repetitive cough HEART: Pale, blue, faint, weak pulse, dizzy, confused THROAT: Tight, hoarse, trouble breathing/swallowing MOUTH: Obstructive swelling (tongue and/or lips) SKIN: Hives over body</p>	<p><u>Or is there a COMBINATION of symptoms from different body areas?</u></p> <p>SKIN: Hives, itchy rashes, swelling (eyes, lips) GUT: Vomiting, cramping pain, diarrhea HEENT: Runny nose, sneezing, swollen eyes, phlegmy throat OTHER: Confusion, agitation, feeling of impending doom</p> <p><u>If YES, quickly follow the protocol below:</u> If No, see Signs, Symptoms & Triggers section on reverse.</p>
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DO NOT DELAY TREATING ANAPHYLAXIS. When in doubt, give epinephrine. **Contact the School Nurse immediately.**
Treating anaphylaxis in the first few minutes can save a life. Not all anaphylaxis has skin symptoms.

Follow the building emergency response plan/protocol and:

- 1. IMMEDIATELY ADMINISTER EPINEPHRINE AUTOINJECTOR PER STANDING ORDER:**
 - 0.15 mg - body weight less than 55 pounds (*see reverse page if weight unknown*)
 - 0.3 mg - body weight 55 pounds or more
 - Inject into middle outer side of upper leg, note time and site of injection
 - *Stay with student and monitor closely*
- 2. Designate a person to call Emergency Medical System (911) and request ambulance with epinephrine**
- 3. Designate a person to notify, school administration and student's emergency contact(s)**



- 4. Stay with and observe student until EMS (ambulance) arrives.**
 - Maintain airway, monitor circulation, start CPR as necessary.
 - Do not have the student rise to an upright position.
 - _____, but alternative positioning is needed for vomiting (side lying, head to side) or difficulty breathing (sitting).
 - Observe for changes until EMS arrives.
- 5. IF NO IMPROVEMENT OR IF SYMPTOMS WORSEN IN ABOUT 5 OR MORE MINUTES, ADMINISTER A SECOND EPINEPHRINE DOSE *according to local policy***
 - Provide EMS with identifying information, observed signs and symptoms, time epinephrine administered, used epinephrine autoinjector to take with to the hospital
 - **Transport to the Emergency Department via EMS even if symptoms seem to get better.**

Physician Signature: _____ Date: _____

See reverse for additional information.

Protocol Notes - For an emergency, follow the directions on the reverse side
Epinephrine Autoinjector Administration by School Health Professionals and Trained Personnel

DO NOT DELAY TREATING ANAPHYLAXIS. *Treating anaphylaxis in the first few minutes can save a life.*

School nurse administration is preferable. Training non-licensed staff to recognize and treat first time anaphylaxis requires extensive and well thought out training.¹ Nursing assessment cannot be delegated.

Signs, Symptoms & Triggers:

- SEVERE SYMPTOMS WITH NO KNOWN TRIGGER: Seeing rashes such as hives AND additional serious symptoms warrant epinephrine administration.
 - If no trigger found and symptoms are severe, then consider asthma, fainting, heart condition, seizure, viral illness and contact the school nurse. If there is no school nurse available, contact the school designee for assistance and CALL 911 as needed per district guidelines.
 - When unsure or unclear, do not let concerns over whether severe difficulty breathing is caused by anaphylaxis or asthma keep you from using epinephrine. Severe asthma can be treated with epinephrine.⁴
- MILD SYMPTOMS: Whether or not there was exposure to a known trigger, refer to the school nurse to monitor closely and assess. Do not delay administration of epinephrine if symptoms progress.
 - Do not leave the student. Mild symptoms can quickly become severe.
 - If symptoms become severe, administer epinephrine per protocol on reverse.

Determining the proper dose of stock epinephrine (recommended):

Currently several methods may be used to decide at what weight or age to give an adult strength dose autoinjector.

- Weight based, although most accurate, may not be practical in emergency situations and an alternative method should be determined by local policy. Do not delay giving epinephrine to obtain weight.
- See your state’s regulations and train accordingly.

Weight	Length	Grade	Age	Epinephrine Autoinjector
Less than 55 lb. (25kg) ²	Less than 125 cm. (measure top of head to heel) Consider using tape or a string of this length and storing with stock epinephrine	Pre-k or Kindergarten	3 – 6	0.15 mg Junior <i>May give adult dose if pediatric dose unavailable.</i>
Greater or equal to 55 lbs. (25kg) ²	Greater than or equal to 125 cm. (measure top of head to heel)	1 st grade and up	7 – adult	0.30 mg Adult

Transporting to the hospital:

- Students should always be transported to the hospital following administration of epinephrine.
- They are at risk for a secondary or biphasic reaction which may require immediate treatment (as many as 1/3 of children will experience a secondary reaction).³

After an emergency event:

- Make sure parents/guardians are notified to follow up with private physician. Follow up with family - evaluate plan.
- In the case of the student with known history, discuss how exposure occurred and if new allergen avoidance measures are needed. For students with no previous history of anaphylaxis, consider developing an IHP in collaboration with the PCP for possible future occurrences.
- Complete documentation per district policy.
- Make sure replacement epinephrine autoinjector is obtained.
- Review response and emergency communication, update as needed to improve outcomes.

¹Role of the School Nurse in Providing School Health Services. Council on School Health Pediatrics 2008;121;1052.

²Sicherer, S. & Simons, E. (2007). Self-injectable epinephrine for first-aid management of anaphylaxis. *Pediatrics*, 119 (3), 638 – 646. NIAID food allergy guidelines 6.3.1, accessed from <http://www.niaid.nih.gov/topics/foodallergy/clinical/Pages/default.aspx>

³Schoessler, S. & White, M. (2013). Recognition and treatment of anaphylaxis in the school setting: The essential role of the school nurse. *Journal of School Nursing*, 29, 407 – 415. doi: 10.1177/1059840513506014

⁴ NAEPP Suggested Emergency Nursing Protocol for Students with Asthma Symptoms Who Don't Have a Personal Asthma Action Plan at <http://www.nhlbi.nih.gov/files/docs/resources/lung/sch-emer-actplan.pdf>